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ADAPTING TO AN AGING POPULATION THROUGH EDUCATION

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The growth of Canada's older population and the gradual increase in life expectancy for all Canadians present a major challenge to our society. The National Advisory Council on Aging (NACA) was created to help meet this challenge by advising the federal government on all matters related to the quality of life of older Canadians and generally providing leadership in the field of aging policy on a national level.

The widespread aging of populations across the globe is unique in the history of mankind. Never before have so many people survived the infectious diseases, the complications of childbirth and other common causes of mortality that brought premature death to so many of our ancestors. This fact, combined with the low birth rate prevalent in increasing numbers of industrialized and semi-industrialized countries, is contributing to the rapid "graying" of populations. It is estimated that Canadians over 65 will represent approximately 20% of the total population shortly after the turn of the century (Stone and Fletcher, 1986).

Some social scientists see population aging as a major problem to be countered with an energetic pro-natalist policy and a reconsideration of income support policies (Sauvy, 1985; Lux, 1983). Others see it more optimistically, as a challenge to policy makers (Myles, 1982), and as an opportunity to promote inter-generational solidarity (Kingston, Hirshorn and Harootyan, n.d.). NACA believes that the fact that an increasing proportion of Canadians are able to live longer, healthier lives is "a measure of our success as a society," (NACA, 1986). The major task facing society consists in adapting social institutions to this new reality.

As John Myles so aptly put it at a research symposium organized by the Canadian Association on Gerontology nearly seven years ago,

> "...the real crises of an aging society do not lie somewhere in the murky future but are already with us. Virtually all of our social institutions are organized by and for a youthful population and are ill-suited to meet the needs of today's elderly, much less those of the future elderly" (Myles, 1982: 36-37).

Countering the often mentioned risk of incipient conflict between generations, Dr. Myles continued

> "Adjusting our social institutions to meet the needs of an aging society will generate conflict but not between the young and the old. Rather the conflict will emerge, and indeed already has emerged, within those social groups whose social, political and economic interests are rooted in a set of social institutions designed to service a youthful population" (ibid).

An interesting parallel can be drawn between the two extremes of the life cycle as they influence the development of a major social institution, the educational system. Just as Philippe Ariès in L'enfance et la vie familiale sous l'ancien régime (Paris, 1960), drew attention to the discovery of childhood in the sixteenth and seventeenth centuries and related this to the growth of schooling, we are now witnessing an even more dramatic change in our perception of the human life-course with the emergence in the late-twentieth century of what the French have chosen to call "le troisième âge," The Third Age. In the last few years an additional period, "le quatrième age" or Fourth Age was added for the "frail" or "old elderly." NACA believes that the appearance of the "aging issue" on the agenda of social planners should and will have a major impact on the future development of our educational system just as the discovery of childhood did three centuries ago.

Educators have a responsibility to respond to population aging. NACA urges all post-secondary institutions to revise programs and curricula to reflect changing demographics in four basic ways:

> first, by promoting the opportunities for lifelong learning experiences for the elderly population,
>
> second, by ensuring excellent initial and on-going training for professionals and paraprofessionals who work directly with the elderly,
>
> third, by encouraging better understanding of human development and behaviour across the life span through general public education in both formal and non-formal settings, and

fourth, by including gerontological content in the curricula of all disciplines having a human science component.

We will present the first two points in some depth, since more research has been devoted to them recently. This is not to detract, however, from the importance of the other two concerns, that will be presented more briefly. NACA feels strongly that they also merit very serious attention and study.

I. Lifelong Learning

In a developmental perspective, aging is one in the series of challenges an individual faces as he or she goes through life. Youth, adolescence and adulthood each requires learning new roles and making adjustments in many areas. Certain resources have been developed in society, albeit imperfectly, to prepare and equip individuals for some of these transitions. Entering what are commonly considered the senior years, however, is rarely envisioned in this way. The almost universally negative connotation of "getting old" seems to lead us to deny or hide the reality as long as possible. Meeting the challenge of "le troisième âge" also requires skills and knowledge. Most seniors want to practice and perfect skills of the past and also acquire new knowledge to realize their full potential.

After reaching the age of 65 the majority of people can look forward to 20 to 25 additional years of life and continued personal growth. Based on data from the 1986 census, two-thirds of the over-65 population report no long-term activity limitations. What a waste for those potentially productive years to be spent in inactivity and boredom!

a) General Education

Education serves many purposes for seniors. As it was pointed out during the White House Conference on Aging in 1981, educational opportunities for older persons during the seventies consisted mainly of <u>self-enrichment activities</u>, something to occupy their leisure time, to stimulate them intellectually, to keep

them active (Timmermann, 1981). The importance of this leisure and stimulation dimension of learning cannot be denied. An aging population tends to become less adaptable to new ideas unless intellectual capacities and interests can be practiced and kept alive. Education for older adults will be justified if it does no more than make older adults happier and healthier in their hours of leisure.

This perspective certainly counters the increasingly utilitarian view of post-secondary education that J.O. Stubbs decried when he spoke at his installation as the fourth president and vice-chancellor of Trent University in Peterborough, Ontario in the fall of 1987.

> "In our desire to help our students prepare for the 'real world,' we run a serious risk of being too concerned about training as opposed to education...
>
> "We need, simply put, people who can think and who can communicate ideas...." (CAAE, 1987)

Education to maintain cognitive functioning, to promote personal growth and a sense of self-fulfillment is certainly the kind of investment in human capital that Stubbs points to as the main function of education (ibid).

NACA knows, however, that many seniors have additional needs that must be addressed as well. Seniors, perhaps even more than young people, need to see the relevance of what they are learning for the problems they are facing. Facilitators for this type of education often do not realize that they are dealing with harshly common sense adults. They often do not know how to adjust their pedagogical methods to this population.

The question of instructional strategy is very relevant here. According to some educators, the

Socratic method, or learner-autonomy-focussed-strategy seems to be the most effective method in andragogy. This "describes a process in which individuals take the initiative with or without the help of others in diagnosing their learning needs, formulating learning goals, choosing and implementing appropriate learning strategies and evaluating learning outcomes." (Connelly, 1982: 274). This method allows older learners "to experience the wisdom and power of integration that lies within themselves" (ibid).

The "investment" that both society and seniors themselves make in furthering their education can have a far-reaching impact. It can give them a sense of control over their own lives and confidence in their ability to help others as well as themselves.

Continuing education is also essential to help older people meet changing standards of personal competency and increase their understanding of the complexities and trends of today's society. This obviously promotes their sense of social integration.

Education in specific areas can help older people develop self-sufficiency skills, freeing them from an avoidable and very detrimental over-dependency on the government, other institutions, family members or friends.

In the form of health promotion education is particularly important in the avoidance or reduction of psychological or physical disabilities with old age.

Education in economics can greatly increase the security and confidence of seniors, in particular older women who are often unprepared for the financial responsibilities they may face after widowhood or a marriage breakup.

Increasing numbers of colleges and universities across Canada include, during the normal academic year, continuing education sessions for seniors as well as facilities for qualified "mature" students to take normal credit courses.

The Committee on Health Care for the Elderly of the Canadian Medical Association recommended in its report that elderly people should have "access to university and community college courses...at little or no cost," (CMA, 1987: 19). The report goes on to justify this recommendation:

> "Elderly persons benefit in many ways from these opportunities. They also contribute to the education of other groups in society by acting as role models and teachers" (ibid).

The free access that was available in most institutions until recently was very enthusiastically taken up by many seniors. The trend toward making seniors pay for these courses is quite recent and, we feel, quite unfortunate.

One excellent example of adaptating of the educational system to the needs of seniors is Elderhostel. This popular program, which exists in Canada, the United States and Europe, allows adults over 60 to enroll in arts and science courses during the summer months and live, as hostellers, in student dormitories. The cost is kept very low to make these sessions as accessible as possible.

b) Education For Work-related Skills

Increasing numbers of seniors who are at or near retirement age are expressing an interest in full-time or part-time employment to supplement their income and maintain their sense of involvement in the work place. The "mature" worker who wants to stay in his or her job is rarely offered on-the-job training or allowed to participate in employment development programs.

Although unemployment is higher among younger workers than the over-55, the latter are not far behind. When they lose their jobs they often stay off work for longer periods of time than younger workers and take bigger salary cuts if

they do work again (Statistics Canada, 1987). Increasingly they just leave the roles of the unemployed by taking early retirement (Stryckman, 1987). Career counselling and educational programs preparing those older workers who do not want to retire, for new jobs would give them a chance to continue to use their potential in the way they choose to do so. As some studies have indicated, older workers are not always aware of the manpower needs and the opportunities available to them. Unfortunately, counselling services are rarely offered to them before they reach retirement age.(Timmerman, 1981).

c) Educational Settings: Formal and Non-Formal

Until recently, discussions on education for older persons were often limited to learning in a formal context. It is understandable that some educational institutions faced with declining enrollments might see seniors as a new clientele. But learning does not always take place in a formal setting. Discussion sessions in senior centres based on the Swedish "study circles" model, introduced to North America by L. Oliver (1987), and home-based education through electronic devices or visiting teachers are examples of learning in non-formal settings. An independent social agency in Winnipeg, Homebound Learning Opportunities, has recently set up a program that will provide instructors for house-bound seniors to give weekly classes in a variety of subjects. These kinds of innovational initiatives and the multitude of self-directed learning options now available open up new educational horizons to today's seniors, as well as to many other Canadians. Our educational institutions must support such efforts and encourage their evaluation and development.

Another development that can be added to our discussion in this context is the growing need for a certain level of technological sophistication to make use of many services in today's society. There is no reason, for example, why a senior cannot use an automatic bank teller to draw money from an account.

Nonetheless some hesitate to use their bank card because they are not quite sure how to do so and what the consequences might be if they make a mistake. More attention to explaining the "how to" of this sort of increasingly commonplace service would surely be welcome.

A very encouraging development is the trend toward increasing numbers of requests for funds from the New Horizons Program for educational projects, many with seniors themselves as the teachers or trainers. As Mark Novak pointed out in a recent article in The Gerontologist (1987), this innovational program encourages seniors to take the lead in developing community service and mutual help projects and many of these include educational aspects. In the research symposium sponsored by the Canadian Association on Gerontology at Simon Fraser University in 1981, Mary Hill was already asking "Should we be seeking to develop creative new ways of learning from older people?" (Hill, 1981) NACA thinks the answer is definitely yes.

II. Training for Professionals and Paraprofessionals who work directly with the elderly

The demographic shift that has resulted in the growing proportion of elderly in our society, should also be provoking important changes in the training of those professionals and paraprofessionals who will be needed to work with older adults. Projective studies abound clearly documenting the validity of this concern. Our institutions and professional groups must overcome their traditional slowness in taking new initiatives before this challenge becomes a crisis.

The traditional shortage of professionals to provide this training in Canada has been compensated in the past by bringing in teachers from outside the country. Despite their high qualifications these individuals have sometimes had difficulty adapting their content to the Canadian situation and mentality. In recent years Canadian universities and colleges have been producing excellent professionals who are filling these roles in increasing numbers. It is important for our post-secondary institutions to continue to foresee future needs in this way.

As it was noted in Priorities for Action: A Report of the National Advisory Council on Aging (NACA, 1981), in order to achieve the objective of having trained professionals to deal competently with the problems of the elderly "it is essential that teaching faculties demonstrate appropriate attitudes and knowledge of this increasingly important aspect of health and social service..." (p. 18).

NACA recommended that greater funds be allocated to hire the increased numbers of teachers necessary to train new professionals. It was noted that practicing professionals also may need retraining and upgrading of their skills to meet the new challenges of their professions (ibid).

The Canadian Government Report on Aging pointed out in 1982 that, although the situation is improving gradually, without planning and coordination on a provincial and federal level the important strides that urgently need to be made cannot occur.

"Training and education about aging and the aged is only in the developmental stages in Canada. There is no organized or established system, but rather a series of initiatives in a number of areas covering different aspects of training and education." (ibid, p. 158)

According to the estimates of one expert on education in gerontology in Québec, at least 53,000 individuals, at various levels, work full or part-time with the elderly in that province. Most have had no formal training in the field of gerontology (Leclerc, 1985). The demand for training is clear. Between 1978 and 1983, over 22,000 people enrolled in the two courses in gerontology offered by Téléuniversité in Québec. Of these, 6000 were eligible for course work at a Master's degree level (ibid).

a) Geriatics

According to a Woods Gordon report done for the CMA in 1984, more than 20% of physician services were directed at people over 65 (Woods Gordon, 1984). Baron (1983) estimated that in 10 to 15 years, 60% of medical practice will involve patients over 65. New knowledge and practice in

the field of geriatrics should result in notable progress in the prevention of what is preventable, in improvements in rehabilitation and the quality of care and in the best possible use of resources. Although the medical personnel being trained today could well profit from these clinical advances, unfortunately most physician-training programs give relatively little emphasis to geriatrics. In fact, although 15 of the 16 Canadian faculties of medicine have included some geriatrics in their undergraduate curricula, only one has any compulsory training in care of the elderly. (CMA, 1987)

The CMA Committee on the Health Care of the Elderly found, in addition, that

> "a relatively small part of the curricula of Canadian medical schools is explicitly devoted to teaching gerontology and geriatrics. The medical profession, in general, is less than adequately prepared for the task of caring for older patients." (CMA, 1987: 37)

Although the awareness of the importance of geriatrics in medical training is growing in Canada, it is urgent to make more rapid strides in this direction. Despite the growing recognition of the importance of a <u>multi-disciplinary approach</u> to health care for the elderly, the physician continues to play a major gate-keeping role in the coordination of all health-related services and many social services. If the physician does not grasp the complex nature and mix of the needs and concerns of the elderly, the general quality of care will suffer. The CMA committee suggested that a more positive attitude toward the elderly and their needs is necessary among physicians and that they be willing to accept other health professionals as <u>partners</u> in the care of the elderly.

> "...there are many whose role in the care of tne elderly is just as vital as that of the doctor" (CMA, 1987: 9).

> "Physicians, while functioning as members of the multidisciplinary team, must recognize that the sickness intervention model does not always provide the full spectrum of care required by the elderly" (ibid).

b) Other health and social service professionals
As it has already been mentioned, the service needs of the elderly are complex and varied. The role of nurses, especially expanded to that of nurse practitioners, and of the "other professionals," (eg, physiotherapists, occupational therapists, nutritionists, gerontologists, community organizers, etc.) must adapt to these needs. The educational system must be the main agent of these changes, promoting attitudes and the acquisition of knowledge and skills that prepare or retrain these professionals for the roles they will play in the health and social service system. The primary care model, for example, which was approved enthusiastically by the World Health Organization (WHO, 1978), relies heavily on the coordination of a wide array of health and social service professionals.

> "This will involve the reorientation of existing health workers as necessary, development of new categories of workers in health and related sectors..." (WHO, 1979: p. 26)

The CMA study cited earlier also underlines the shortage of therapists and the "clear need to extend training programs in these disciplines." (CMA, 1987: p. 23)

Since no Canadian study on the projected manpower needs in health and social services for the elderly has been done, we have to use an analysis done in the US as a basis for our discussion. The Committee on Personnel for Health Needs of the Elderly, appointed to study this question for the United States government, recommended that the "personnel needs to ensure adequacy and availability of health care for

older persons should be continuously monitored to analyze the impact of changes in the health status of older persons, gains in knowledge and technologies, modifications in health care delivery and financing arrangements and other factors." This committee further pointed out,

> "In light of the documented needs for many more adequately trained personnel to provide responsive care to older persons, training needs should be addressed in the following ways:
>
> a. Essentially all health and human services personnel should be educated specifically about the special conditions and needs of older persons and have up-to-date knowledge concerning the most effective means of preventing and managing diseases and disabilities experienced by older persons...
>
> b. Continuing education and in-service training activities for health and human services personnel of all types should give greater emphasis to advances in knowledge and practices concerning the most effective care of older persons.
>
> c. The number of faculty members and other leaders adequately prepared to plan and guide education and training programs in aging and geriatrics and to provide consultation should be greatly expanded as a first priority." (National Institute on Aging, 1987).

As already mentioned regarding the training of physicians, all health and social service professionals must learn to work in collaboration with others in a multi-disciplinary approach. This involves overcoming the traditional barriers between professions in recognition of the complementary

nature of the various service professions. They must also learn to give a high priority to identifying and maintaining optimal levels of functional autonomy to prevent or delay the losses in independence that are so detrimental to seniors (Dufresne, 1984). The educational system can contribute in a very important way to these developments. If the learning environment has a multidisciplinary approach, this perspective will likely be carried over into the professional practice.

As an example of an institution that is actively promoting this new orientation we should mention the new Multi-disciplinary Centre of Gerontology and Geriatrics established at McMaster University thanks to a grant of $12.7 from the Ontario government. In addition to working in collaboration with other professionals, those working with the elderly must also understand and appreciate the key role that family members and friends have in providing support to older persons. They must be aware of their role in assisting these "informal care-givers" in caring for the elderly and in handling the stress associated with the care-giving role. Providing support and assistance to care-givers could also, of course, reduce the demand for formal health services.

III. **Promotion of better understanding of human development and behaviour across the life span through general public education in both formal and non-formal settings.**

It is generally agreed that attitudes are often based on cultural stereotypes (McPherson, 1983). Unfortunately in our society old age is often viewed negatively or with a benevolent paternalism (Sutherland, 1984) that is devastating to seniors.

As Robert Butler pointed out in his Pulitzer Prize-winning book, Why Survive? Being Old In America,

> "The stereotyping and myths surrounding old age can be explained in part by lack of knowledge and by insufficient contact with a wide variety of older people.

> But there is another powerful factor operating - a deep and profound prejudice against the elderly which is found to some degree in all of us," (op cit, p. 11)

It has been shown many times that the more one knows about an idea or a group, the less likely one is to fear or harbour prejudice against it. Learning usually fosters tolerance and understanding. Just as educational institutions have added their influence in the fight against other "isms" like racism and sexism, they should also contribute to overcoming ageism (Hopkins, 1980).

The advantages of this effort lie, not only in the elimination of a source of social bigotry but also in the promotion of an element of sound mental health for the individual. Ageism is the ultimate self-destructive prejudice since, as long as we are still alive, we will all gradually reach old age. Ageism leads us to fear and even despise <u>what we will eventually be ourselves</u>. (Comfort, 1977). Learning about aging should enable people of all ages to have a life-span perspective, to see aging "as ongoing, starting at conception and ending with death...It occupies the total life span....In this sense, we study the aged to learn not only about the final phase of life but also about youth and the middle years" (Kart, 1981).

In adult or continuing-education classes as well as in their affiliation with educational media of every kind, post-secondary educational institutions must help to dispel the myths and clarify the facts about aging. They must ensure, for example, that the results of research on normal, healthy aging are known and understood by the public: that information about age-related pathologies like osteoporosis, cardio-vascular disorders and Alzheimer's disease be interpreted correctly to the population; that the relationship between lifestyle and the way one ages be appreciated.

IV. Incorporation of Gerontological content in the curricula of all disiplines having a human science component.

Many disciplines outside of the traditional fields of health and human services include activities or

interests that are influenced by population aging or the concerns of the elderly. All those having a human science component, from stock brokers to fashion designers, need to have a good understanding of the impact of the "aging issue" in their respective fields. Lawyers, architects, sociologists, consumer analysts, urban planners, political scientists, engineers, etc., whether they see aging as a problem, a challenge, a new market, or an employment opportunity, all need excellent gerontological content in their education and training. When the advantages of studying the characteristics or the conditions of the aging population are clear it is quite likely that no incitation is necessary. But too often this is not the case. Housing designers and developers often do not take the needs of the elderly person into consideration. Fashion designers have only recently begun to cater to the market of older women. Urban planners rarely consider the problems seniors encounter as they try to negotiate our city streets.

V. Conclusion

We realize that we have set up quite an agenda for the post-secondary institutions. Our standards are high, and well they should be. The educational system shapes what our future can and will be and seniors are concerned about that future.

Today's older population are trailblazers. More of them live longer, in better health and with more economic security than seniors ever did before. They have contributed to building the wonderful society we have in Canada and most are quite able to continue to contribute in their later years. Many have not had the opportunity to pursue their educational ambitions as far as they would have liked. Many want to learn how to cope with the problems involved in maintaining their independence in the community. Many want to share their knowledge with their peers. Can our post-secondary educational system help them achieve their goals?

The "aging enterprise" is a reality (Estes, 1979). Seniors need a variety of services. Professionals and para-professionals, properly educated and

trained so they understand the realities of aging, are needed to provide them. In addition, a large number of other professions and disciplines must be taught to keep the needs and concerns of the elderly in mind in their work. Are post-secondary institutions able to meet this challenge?

The population in general should be educated to dispel the negative myths and stereotypes about aging and the elderly. They must be taught that aging is a normal part of living, a process that presents many challenges and that can bring many joys. Will our post-secondary institutions confront the issue of ageism in our society?

Can post-secondary institutions adapt to an aging society?

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